WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECOMD. Every item of infor-MARGIN RESERVED FOR BINDING

AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

N. B.

TION is very important. See instructions on back of certificate.

state

Exact statement of OCCUPA-PHYSICIANS should

CTATE OF MADVIAND CEDTIFICATE OF DEATH

1. PLACE OF DEATH	CERTIFICATE OF DEATH
	3,57
County Workship LIMITE	Registration Dist. No. 35/
Village or City Snow Hill	ND. St., War If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 13 yrs 9 mo	ds. How long in U.S. if of foreign birth?
DI A TO DO	
2. FULL NAME TOOLY & Efflarke	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Male White Widowed	Copry 23 , 1935
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of Cor) WIFE of	22. / I HEREBY CERTIFY, That 1 attended deceased tro
your quente	1935, to 22, 1905
6. DATE OF BIRTH (month, day, and year) July 15 1862	I last saw have elive on alor 22 , 1935; death is sai
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
72 9 8 1 day,hrs	the tallette cause of peath and leisted causes of importance
9 Trade protection or particular "77	Date of ones
SAWYER, BDDKKEEPER, etc. Harner Maker	Unrie his relio 00
kind of work done, as SPINNER SAWYER, BDDKKEEPER, etc	Faring unknown hat
SAW MILL, BANK, etc	Pilla
This occupation (month and	
year) occupation occupation	Dther Contributory Causes of importance;
12. BIRTHPLACE (city or town)	
(State or country) Maryland	
13. NAME (1- 5 Stolarlise) 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country) Maryland	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mangaret mc allow	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Mayard Mc allow	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did Injury occur?
Ma Charle Challe	(Specify city or town, county and State)
17. INFORMANT (Address)	Specity whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION, DR. REMOVAL	- Alexand of Salara
Plate Com. Snow Hell Marcapril 26 1935	Manner of injury
8/1 / 1/ - 1	Nature of Injury
19. UNDERTAKER Glarne + Waynes f	24. Was disease or injury in any way related to occupation of deceased?
(Address) Anow Hill My	If so, specity
20. FILED 4/25, 1935 LECoy Swith	(Signed) M.
Registrar.	(Address) Duning

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

infor-

1. PLACE OF DEATH

STATE OF MARYLAND—CERTIFICATE OF DEATH

* Moreasce	WITHIN COAPOGATA LIMITS OF
smoke	Registration Dist, No.
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
m where death occurred 22 yrs, mos	ds. How long in U.S. if of foreign birth?
tie Copes	100-1
(Usual place of abode)	St., Ward. If nonresident give city or town and State
ATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ACE 5. SINGLE, MARRIED, WIDOWED, OR-DIVORCED (vertice the word) Massical	21. DATE OF DEATH
ton Copes	1 HEREBY CERTIFY That I attended daceased from 1935 to June 6 - 1935
11) ? ? /9/3	Hast saw her alive on Office 5 , 1935; death is said
onths Days If LESS than 7 1 day,hrs. 0 0min.	to have occurred on the date stated above, at
NER, Zlouse wife	Infraction PAFERAR Date of onset
L,	5/11/15 1/20 1/2 /2 /2 /2 /2 /2 /2 /2 /2 /2
11. Total time (years) Spent in this occupation	01,400 1 M100 M8 600 1 D 3/31/31
Poronioles	Other Contributory Causes of importance:
Holden	PURULEHT OLILIS MEDIA 3/23/35
Pocomolar.	Name of operation
ma	What test confirmed diagnosis? Was thera an au!opsy?
se Strudiss	23. If death was due to external causes (VIOLENCE) fill in also the following:
Snow Hill	Accident, suicide, or homicide?
md	Where did injury occur? (Specify city or town, county and State)
Pocomofae ma	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
ill Date april 9, 1935	Manner of Injury Nature of injury
a Bradshaw	24. Was disease or injury in any way alated to occupation of decaased?
John J. Roley	(Signed) GRES HALL J. M. D.
Registrar.	(Addrass) TO LUTURDE Lity Und
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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11.—The number of years the deceased followed the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

	I R
BINDING	PERMANENT
OR	V.
T	H
MARGIN RESERVED FOR BINDING	, WITH UNFADING INK-THIS IS A PERMANENT
	WITH
	WRITE PLAINLY,
1	WRITE

AGE should be stated EXACTLY.

be properly classified. certificate.

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

mation should be carefully supplied.

Jo

See instructions on back

IYSICIANS should state Exact statement of OCCUPA.

STATE OF MARYLAND-CERTIFICATE OF DEATH

- 1	3.			
	-			
0	L	33	- 1	
- 32	4	88	-	

1. PLACE OF DEATH		(X)
County Worcester		Registration Dist. No. 350
Village or City Pocomoke Ci	ty.R.F.D.# 2	
vinago or only	(If	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death oc	curredmos	ds. How long in U.S. if of foreign birth? yrsmosds.
2. FULL NAME	C	ropper
(a) Residence: No. (U	Jsual place of abode)	St., Ward. If nonresident give city of town and State
PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CERTIFICATE OF DEATH
OR	GLE, MARRIED, WIDOWED, DIVORCED (write the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced	TIELO	(Month) (Day) (Year)
HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY. That I attended deceased from
	20	, 19, to, 19, 19
6. DATE OF BIRTH (month, day, and year) Apri	237.1935	I last saw h; death is said
7. AGE Years Months	Days If LESS than 1 day, hrs.	to have occurred on the date stated above, at
1] ormin,	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,		From information I could get
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	· · · · · · · · · · · · · · · · · · ·	from parent the child died from
SAW MILL BANK atc		Convulsionts
0 10. Date deceased last worked at	11. Total time (years)	
this occupation (month and year)	spent in this occupation	
12. BIRTHPLACE (city or town) Pocomoke	City R.F.D.#	Other Contributory Causes of importance:
(State or country) Marylan	2.	
# 13. NAME Ben Cropper		
TC	ac County	Name of operation
(State or country) Vir	ginia	What test confirmed diagnosis? Was there an autopsy?
# 15. MAIDEN NAME Lorraine To	111	
I	County	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
(State or country) Virgin		Where did injury occur?
D 2	1.0	(Specify city or town, county and State)
17. INFORMANT Ben Gropper (Address) Pocomoke City	D F D d Q	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Metho		Manner of injury
Ne a rPlace Date		Nature of injury
	*	
19. UNDERTAKER Father Ben Crop. (Address) Pocomoke City		24. Was disease or injury in any way related to occupation of deceased?
	2 B	(Signed) John J. Relay Local Registrer
20. FILED Apl. 26. 1935 John	Registrar.	(Address) Pocomoke City. d.
	# Accessival.	" (notice)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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CAUSE OF DEATH in plain terms, so that it may be properly classified.

N. B.—WRITE PLA

V. S. No. 1

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH			<u></u>	
County Worker ter			Reg	sistration Dist. No. 357/
Village or City Neon &	www Hilly		No	St., Ward
Length of residence in city or town	where deeth occurred		f death occurred in a hospital or institution, give	e its NAME instead of street and number) birth?yrs,mos,ds,
0 1	1 15 . 0		The state of the s	J. 100
2. FULL NAME Salv	1 hall			
(a) Residence: No.	(Usual place	of abode)	St., Ward.	nonresident give city or town and State
PERSONAL AND STA			MEDICAL CERTIF	FICATE OF DEATH
3. SEX 4. COLOR OR RAG		RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH	2 / 5 , 193 5 h) (Oay) (Yaar)
5a. If merried, widowed, or divorced HUSBANO of				
(or) WIFE of				RTIFY, That I attanded deceased from
A DATE OF SIDEL (aha - 11-16	721-	1 last saw h alive on	, to, 19, 19, daath is said
6. DATE OF BIRTH (month, day, and year 7. AGE Yaars Mon		If LESS than	to have occurred on the data stated above.	5 1
0 0		1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and ra	
9 Trade profession or particular		or_A_min.	were as follows:	Oete of onset
kind of work done, as SPINN	ER,		Dead bory	- Do sais
Stndustry or business in which			midwife -	- Zelmila
SAW MILL, BANK, etc.	1		C Perrell	
- I this occupation (month and	spe	time (yaars) ent in this		
year)	,	upation	Othar Contributory Causes of Importanca:	
12. BIRTHPLACE (city or town) Men	Snow Hil	P sof		
(State or country)	016			
13. NAME WILLIAM 14. BIRTHPLACE (city or town) 7.2.	, slove	• 4 4		
2 14. BIRTHPLACE (city or town) The	or Snow H	Il assi	Nama of operation	Oata of
(State or country)	0 100 0		What tast confirmad diegnosis?	Was thera an eutopsy?
15. MAIOEN NAME Sara	a Role		23. If death was due to axtarnal causas (VIO	LENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Ros Snow	Hilf med	Accidant, suicida, or homicide?	, Oate of injury, 19
(State or country)	- 0		Where did injury occur?(Spec	cify city or town, county and State)
17. INFORMANT Soroh H (Addrass)	Dalo		Spacify whether injury occurred in INOUS	TRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	TO		Mannar of injury	
Place my Westey Co	melosy Data Wer	S. 15 , 19.33	Natura of injury	
19. UNDERTAKER GEORGE A	Dala.		24. Was disaase or injury in eny way ralata	d to occupation of deceasad?
(Addrass) Some Hil	f md		If so, spacify	9-10035
20 FILED 4//5 10 35	- LEICO	y Sevel	(Signad) LEGOY	Siegel & Clopo,
		Registrar.	(Address) Sube	ottell, mal

If more blanks are needed address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis July 5, 1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 uear

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIA	IN
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	te te	STATE OF MARYLAND—	CERTIFICATE OF DEATH	
M	stat UPA	1. PLACE OF DEATH	(10)	
	ould occ	County 10 receive.	Registration Dist. No. 3.4.3	
0	f sh e	Village or City Berlin . Syneput Em		Ward
	t S ii	Length of residence in city or town where death occurredyrsmos	death occurred in a hospital or institution, give its NAME instead of street and number) ds How long in U.S. if of foreign birth?	_ds.
A	YSICIANS statement	2. FULL NAME James Edward L	much Davis	
	o. E	(a) Residence: No.	St., Ward.	
		(Usual place of abode)	If nonresident give city or town and State	
	MEC. PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
- 1	L Y	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH And 2 (Day) (Year	r)
NO	NEN C T] ified	5a, If merried, widowed, or divorced HUSBAND of	22. Q HEREBY CERTIFY That I attended deceased	from
BINDIN	A C assifi	(or) WIFE of	6 18hch 30, 19 35, 10 Fall 26, 19	3.5
SIN	ERY EX el	6. DATE OF BIRTH (month, day, end year) Jebruary 20, 1935	Hast saw has relive on aprel 1 ,19. 5; death is	s sald
	IS A PE stated E properly certificate	7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated abovo, at 2m.	
FOR	IS A stated proper	2 6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	onset
_	be s be r of co	8. Trade, profession, or particular kind of work done, as SPINNER,	Tubor (1)	
田田	30	Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	I neurona y	20 "
I.R.	K—T hould may back	SAW MILL, BANK, etc.		
RESERVED	Zore	10. Date deceased last worked at this occupation (month and spent in this		
RI	NG I AGE that ons	Selisbury 0	Other Contributory Causes of importance:	
GIN	So so recti	12. BIRTHPLACE (city or town) (State or country)	Chalantation HB	0.
RG	ITH UNFADING illy supplied. AGI plain terms, so tha See instructions.		grammus.	-20
TA	UN supp n ter ee ir	13. NAME Wesley Lynch. 14. BIRTHPLAGE (city or town) Maryland (State or country)	Name of operation Date of	
4	ly su lain t	(State of Statisty)	What test confirmed diagnosis? Was there an autopsy?	סיים.
		15. MAIDEN NAME Chartle Davis. 16. BIRTHPLACE (city or town) (State or country)	23. If deeth was due to external causes (VIOLENCE) fill In also the following:	
	£	5 16. BIRTHPLACE (city or town) ond	Accident, suicide, or homicide?	
	be ca EATH import	(Stete or country)	Where did injury occur? (Specify city or lown, county and State)	
	P D C	17. INFORMANT Mysite Daves	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
	PI hou OF	(Address) Synchusent Md 18. BURIAL, CREMATION, OR REMOVAL D.	Manner of injury	
	ITE on S SE I is	Place Insepentent, Mille Spril 27, 19 35	Nature of injury	
	WRITE mation sCAUSE	10 HADEDTAKED & U. Burbage	24. Was disease or injury in any way related to occupation of deceesed?	
Ö	TEOR	19. UNDERTAKER (Address) Burlin M	If so, specify	
0/2	B (T)	20 FILED Cipo 27 1935 - IV Mumber	(Signed) Q a Hollers	M. D.
>	Z	10, L. Registra.	(Address) Gelle no	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 2.

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Example I	Į.	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones .	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(3)
County Warcester	Registration Dist. No. 3 3
Village or City neor Snew Hoo ha	No. St., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs. mos. ds.
Length of residence in city or town where death occurred	ds. How long in U.S. if of foreign birth? yrsmosds.
2. FULL NAME hanry rawell d	Janney
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Desmel. (alored OR DIVORCED (write the word)	April 22 1935
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of ile of Radger Dawney	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Soft 22 1907	I last saw h & alive a about & week we ; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at LG
27 7 1 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular	When Culoses Ontractory
Kind of work done, as SPINNER, general House works	The depeake about one
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	year of the was RI
	Cenaros & mine, but did
O 10. Date deceased last worked at this occupation (month and year) spent in this occupation occupation.	not mayo hy as I do not
1. C. H.1010 11	Other Cuntributury Causes of Importance:
12. BIRTHPLACE (city or town) NOON Swaw full pull (State or country)	the was very soon, unall
1 1	h Geig a legy give the strong
=	Togallas autremen
4. BIRTHPLACE (city or town) Year Swar Arel, Wel.	Wame of operation
# 15. MAIOEN NAME Rasie Price	What test confirmed diagnosis? Was there an autopsy?
T C III	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Near Snow Will M. (State or country)	Accident, suicide, or homicide?
Odilaria Para De	(Specify city or town, county and State)
17. INFORMANT WWW WILL AND WIL	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL INC.	Manner of injury
Place frit gidn Cen Date Cycl 26, 1935.	Nature of injury
19. UNDERTAKER Chas a firmell	24. Was disease or injury in any way related to occupation of deceased?
(Address) Snaw Hill, Ma.	If so, specify AD.
20. FILED 4/204, 1935 & Excep Scenth. Registrar.	(Signed) M. D. (Address) M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death, As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples: Example I

Evample II

	Example 11	
S Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

SIAIL OF MARYLAND—	CERTIFICATE OF DEATH
County Wordster,	Registration Dist. No. 351
Village or City Girdle tree	
72 / (1	f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds How long in U.S. if of foreign birth? yrsmos ds
2. FULL NAME Slove Gopman	Kulper!
(a) Residence: Np.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Male White OR DIVORCED (write the word)	Upril 30 1935
5a. If merried, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
Francisco I de la	Hast saw him alive on april 30 1935 dash be said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	1 last saw iller on is sale
73 / I day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows: Date of one of the forty of the state of one of
kind of work done, as SPINNER HAMMEN SAWYER, BOOKKEEPER, etc	Cheaning Interstition the when the
9 Industry or husiness in which	Chronic Murenditis Mitaal
work was done, es SILK MILL. Ownessam	Stensio Horrie Regulatation
O. Oate deceased last worked et this occupation (month and spent in this	Right Hemislegia 1932
year) occupation	Other-Contributory Causes of importance:
12. BIRTHPLACE (city or town)	Clarte Silation of Heart \$730/3
(State or country)	Pulmonay Oldema \$30/30
14. BIRTHPLACE (city or town)	/
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Clement Was there an autopsy! Was there and autopsy!
15. MAIDEN NAME Marthas Johns 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
	Accident, suicide, or homicide? Date of injury, 19
(State or country) Mayland	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT MIGHT STATE AND	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Smallene My 18. BURIAL_CREMATION, OR REMOVAL	
Phile Con Amore Nell Date May 3 1935	Manner of injury
2/200	Nature of injury
19. UNDERTAKER James & Dennis	24. Was disease or injury in any way related to occupation of deceased?
(Address) Show Hill Till	If so, specify
20. FILEO 5/1 19 \$ & TELOY Deceth.	(Signed) (Address) Sawar Will md
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—CERTIFICATE OF DEATH

	- }		
10	1	64	1.1
	100		

1. PLACE OF DEATH	02-3
county vorcester.	Registration Dist. No. 3 12
Village or City Barlier	ND. St., Ward
Length of residence in city or town where death occurredyrs	(If death occurred in a horpital or institution, give its NAME instead of street and number) mos. ds. How long in U.S. if of foreign birth? vrs. mos. ds.
n. 1. 1 d	mos. ds. How long in U.S. if of foreign birth? yrs mos ds
2. FULL NAME O Mary Orauts da	esett.
(a) Residence: Np. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE , 5. SINGLE, MARRIED, WIDOW	
Female Colored OR DIVORCED (write the wo	
5a. If married, widowed, or divorcad HUSBAND of	MA LUEDEDVOIDENVILLE
(or) WIFE of Frank dassett	22. HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Wout 1844	I last saw h.en. alive on mav. 2.9 ,19. 25; death is said
7. AGE Years Months Days If LESS t	
9/ - I day,	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDMKEFPER, etc	Con a and Hammal aco mais
9 Industry or husiness in which	
work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at 11. Total tima (years)	
10. Date deceased last worked at this occupation (month and year)	
m 0 1	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (Stata or country)	
13. NAME Irvina arres.	
13. NAME Irving ayres. 14. BIRTHPLACE (city or town) Maryland	Nama of operation Data of
(State or country)	What test confirmed diagnosis?
15. MAIDEN NAME VILLENOUM.	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicida? Date of injury, 19
S (State or country)	Where did injury occur?
17. INFORMANT Mrs. agnes Pitts. (Address)	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place St. Carels Oate Upril - 19	Nature of injury
19, UNDERTAKER J. W. Burbay.	24. Was diseasa or injury in any way related to occupation of daceased?
20. FILEO apr 5- 1531- DV Munifor a	(Signed) C A Staller A. M. D
If more blanks are needed, address State Rej	gistrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPA	CE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

1. PLACE OF DEATH	OF MARYLAND—	CERTIFICATE OF DEATH	11.41
County Warreston		8	-/
	71:01-1	Registration Dist. No. 30	
Village or City ness And		No. St., f death occurred in a horpital or institution, give its NAME instead of street and	number)
Length of residence in city or town when	re death occurredyrs,mos	s ds. How long in U.S. il ol loreign birth? yrs	108
2. FULL NAME BOLL	Harmon		
(a) Residence: No.		St., Ward.	
PERSONAL AND STATIS	(Usual place of abode)	If nonresident give city or town and	State
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
m. col,	OR DIVORCED (write the word)	(Month) (Day)	, 193 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That I attended	
6. DATE OF BIRTH (month, day, and year)	6.013 1925		, 19
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, atm.	
0 0	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Oate of ons
8. Trede, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.		Born dead, 00	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	V	Days mideville -	
SAW MILL, BANK, etc	11. Total time (years) spent in this occupation	pupula E Purvill	
12. BIRTHPLACE (city or town) hear &	now Hill md	Other Coutributory Causes of importance:	
(State or country) a 13. NAME Homes TH			-
Ξ V	& Williams		-
(State or country)	show they may	Name of operation Date of	
15. MAIDEN NAME Viala	Wilson	What test confirmed diagnosis? Was there an 23. Il death was due to external causes (VIOL ENCE) fill in also the followin	
15. MAIDEN NAME Viala	relator mg	Accident, suicide, or homicide? Date of injury	
∑ (State or country)	,	Where did injury occur?	
17. INFORMANT Vialce 7.	tormon	(Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE.
18. BURIAL, CREMATION, OR REMOVAL		Manner of injury	
PlaceM. Juan Cer	Annate Com 24, 19.35	Nature of injury	
19. UNDERTAKER (Address)	formon	24. Was disease or injury in any way related to occupation of deceased?	20 5
20. FILED 4/23 , 19 35 6	RELOY Swell	(Signed) & Etgoy funth &	Keg
If mo		2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II

	- 1					
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset			
Arteriosclerosis	1915	Attack of epilepsy	1 week ago			
Chronic interstitial nephritis	1921	Run over by street car	1 week ago			
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago			
Other contributory causes of importance:		Other contributory causes of importance:				
Gallstones	May 1,1923	Gastroenteritis	1 year			

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1 ä

PHYSICIANS should state Exact statement of OCCUPA. AUMD. Every item of infor-WALLE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RY AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. matton should be carefully supplied.

CTATE OF MADVIAND CEDTIFICATE OF DEATH

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Morcellor LIMIT	Registration Dist. No. 35/
Village or City Dnow Hill	No. St., Ward
Length of residence in city or town where death occurred 7 yrs. 4 mos.	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs
2. FULL NAME Ella Wilson Harg	us)
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. StNGLE, MARRIED, WIDOWED, OR DIVORCED (write the world)	21. DATE OF DEATH apr - 20 - 19335
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of Marion J. Harais	1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Rep. 9 1956	I last saw h M alive on afor 20 193 ; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 9 9 m.
78 t day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows;
8 Trade profession or particular	Suptime gastricular 4/19/35
SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked et this securation (month and security this security that security this security this security this security this security that security this security that security this security this security that security the security that security the security that security this security that security this security that security the se	
to. Date deceased last worked et this occupation (month and year)	
12. BERTHPLACE (city or town). Snow Fill and	Other Contributory Causes of importance: Multuf Alguralative of heart
13. NAME Eleparin K. Wilson	
14. BIRTHPLACE (city or town)	Name of operation
(State of Country)	What test confirmed diagnosis? Was there an autopsy? No.
15. MAIDEN NAME / aryling. Axcheson	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME MANGAME ANCHONOMY 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
(State or country) Manylean of	Where did injury occur?
17. INFORMANT (ISA) (aroling) Harley	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Fred On Smarkfull Gate MWW 22, 1935	Nature of injury
19. UNDERTAKER CAUTH TOWNS	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 4/20/ , 1935 & Eloy Secretar	(Signed) Duy A. Filey M. D. (Address) Surv Fiel M. D.
/ Registrar.	Contract of the contract of th

If more blanks afe needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example 1		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Perilonilis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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. PHYSICIANS should state Exact statement of OCCUPA-

stated EXACTLY.

AGE should be

properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

STATE OF MARYLAND-CERTIFICATE OF DEATH

		1			
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		- 1		550	
		- 8		-	

1. PLACE OF DEATH	MITHIR CO.			- (93-c)			
county corcester	WITH CORP		0.0		Registration	Dist. No.	35
Village or City_Focomoke Length of residence in city or town whe		(l	f death occurred in a	Second hospital or instituti v long in U.S. if of	ion, give its NAM	E instead of street	, Ward and number) ds.
2. FULL NAMEELLA Fra							
(a) Residence: No. 605 Se		ou ou	St.,	Ward.			
(a) residence. No.	(Usual place	of abode)	31.,	ward.	If nonresident	give city or lown	and State
PERSONAL AND STATIS	TICAL PARTI	CULARS	N	TEDICAL CE	ERTIFICATE	OF DEAT	Н
3. SEX 4. COLOR OR RACE hite		RIED, WIDOWED, O (write tha word) Led	21. DATE O	F DEATH ke City	April (Month)	7th.	, 193.5 • (Year)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of Robert J. I	22. 1				idad decaased from		
6. DATE OF BIRTH (month, day, and year)	ovember18	3th.1860	I fast saw h	alive on			; daeth is said
7. AGE Yaars Months	Days 20	If LESS than I day,hrs.	II .	on the date stated			
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc	Housewi:				-1 - 10		Date of onset
9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc.			Mysesideli Chronis				
SAW MILL, BANK, etc ID. Date dacaasad last worked at this occupation (month and 193)	t 11. Total ti	ma (yaars) ot in this pation					
12. BIRTHPLACE (city or town) Balti (State or country)	more yland.		Detar Contributory Causes of importance: Marken Loute (out a very long pand)				erad T
# 13. NAME amuel P. Joh	nson				J. 2. 2. 2	7/	
13. NAME amile P. Joh: 14. BIRTHPLACE (city or town) Bal (State or country)	timore aryland.			nad diagnosis?			of an autopsy?
H 15. MAIDEN NAME lary rai	nces Huff	man					
16. BIRTHPLACE (city or town) Bal (State or country)	timore Narvland		23. If death was dua to external causas (VIDL ENCE) fill In also the following: Accident, suicide, or homicide?			0	
17. INFORMANT Robert J. I. (Address) Ocomoke C	(Specify city or lown, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.				State); PLACE,		
18. BURIAL, CREMATION, OR REMOVAL			Mannar of Injury		************		
Place - ocomole - Gita	Pata ADX	1.19th,1935.					
19. UNDERTAKERDESSIENE	Stive	uson	24. Was disaasa o	r injury In any wa		ation of deceased	yno
(Address) ocomoke Cot	Min T.	Riley	If so, spacify (Signed)	A I	get an	Kur.	
		Registrar.	(Add	ress)d_a	10-21-1	ede Ce	1 Variab

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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Example I	and the state of t	Example II				
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:				
Arteriosclerosis	1915	Attack of epilepsy	1 week ago			
Chronic interstitial nephritis	1921	Run over by street car	1 week ago			
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago			
BUREAU V. 3-						
Other contributory causes of importance:		Other contributory causes of importance:				
Gallstones	May 1,1923	Gastroenteritis	1 year			

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

1	MANENT RECORD. Every item of infor-ACTLY. PHYSICIANS should state assified. Exact statement of OCCUPA.
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1	shc of
	ery ANS ent
	Ev. Ev.
	HYS st:
	P. P. P. Xact
	T. F.
DING	MANEN A C T L assified.
DI	A C assi

STATE	OF	MARYI	LAND-	CERTIFIC	ATE	OF	DEATH
DEATH		+ -		(1913	Misein.	00270	· ATE STORY

811	196	4.0
. U	18	95.15
	3	

1. PEACE OF DEATH	
County Vancesley	Registration Dist. No.
Village or City Correctse teet	No. St., Ward
Length of residence in city or town where death occurredyrs. 2mo	If death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Tobert France	Macuel
(a) Residence: No. (Usual place of abode)	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Mole Ceolored OR DIVORCED (write the word)	(Month) (Day) (Yaar)
5a. If married, widowed, or divorced HUSBAND o1 (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
111 15 1227	, 19, to, 19,
6. DATE OF BIRTH (month, day, and year) // 2 - 190 2 7. AGE Years Months Days If LESS than	I last saw h alive on, 19; death is said
33 / 14 ldey,hrs.	were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc.	Quer Date of onset
SAWYER, BOOKKEPPER, etc. Sind of work done, as SPINNER work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data decessed last worked at this occupation (months and	
10. Data decessed last worked at 11. Total time (years) spent in this occupation (month and year)	
12. BIRTHPLACE (city or town) 11 (State or country)	Dther Contributory Causes ol importance:
13. NAME DE D. Marcul 14. BIRTHPLACE (city or town)	5
14. BIRTHPLACE (city or town)	Name of operation Date ol
	What test confirmed diagnosis? Was thera an au'opsy?
15. MAIDEN NAME Mary H. Coolleson 16. BIRTHPLACE (city or town) (Stete or counly)	23. If death was due to external causes (VIOL ENCE) fill in elso the 10llowing: Accident, suicide, or homicide? Where did injury occur?
17. INFORMANT De La Marie Cadres de La Lacone Cadres de Lacone Cadres de La Lacone Cadres de La Lacone Cadres de La Lacone Cadres de La Lacone Cadres de Lacone Cadres de La Lacone Cadres de La	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIEL OREMATION, DE BEMOVAL Place Date of 1.26. 19.35	Manner of injury
19. UNDERTAKER Charles A. Purnell (Address) Snow Hill. Mc.	24. Wes disease or injury in any way related to occupation of deceased?
20. FILED Apl. 36, 19 38 John T. Reley	(Signed) form To Rules & Constant of the Signed And Sig
Registrar.	(Address)

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	or the state of th	Example II		
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Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago	
SUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Verdict of Coronners jury. The Said Robert F. Manuel came to his death from the result of a mortal wound inflicted by a shot gun which discharged a fatal shot in the head of the said Robert F. Manuel, which shot was shown to be either accidentalor self onflicted and all parties exhonorated from any liability

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

STATE OF MARYLAN	D-CERTIFICA	TE OF DEATH
1. PLACE OF DEATH County Hereconter	<u> </u>	Registration Dist. No.
Village or City POCOMOKE CITY, R. F. D. #	No. (If death occurred in a hospital	St., or institution, give its NAME instead of street ar
Length of residence in city or town where death occurredyrs,		U.S. if of foreign birth? yrs

County / County	Registration Dist. No.
Village or City POCOMOKE CITY, R.F.D.# 3	NoSt.,Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number)
	osds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Stellor Me Int	
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
So If married widowed or dispared	(Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY That I attended deceased from
anil 7 183	, 19, to, 19
6. DATE OF BIRTH (month, day, and year)	I last saw h; death is said
7. AGE Years Months Days If LESS than 1 day,hrs	I THE I KINCIT AL CAUSE OF DEATH AND LEIGHER CAUSES OF HISPORTAINS
1 8 Trade profession or particular	Were as follows: Oate of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
9 Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.	
SAW MILL, BANK, etc	
12. BIRTHPLACE (city or town)	Other Coutributory Cruses of importance:
(State or country)	Jan bole + Fard
I 13. NAME Perillon Juc elice	
13. NAME TO THE STATE OF THE ST	Name of operation Date of
15. MAJOEN NAME Promot Celler	What test confirmed diagnosis? Was there an au!opsy?
15. MAIOEN NAME TO THE LEGISLATION OF THE CONTROL O	23. If death was due to external causes (VIOLENCE) fill in also the following:
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
State or country)	Where did injury occur?
17. INFORMANT MILES PRESENTED (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manager of Latina
Place tillen Canalog Date It 1 8 , 1935	Manner of injury
19. UNDERTAKER AUG Strielde.	24. Was disease or injury In any way related to occupation of deceased?
(Address) Hun Chuck Va	If so, specify Q Q T
20. FILEO aft. 8. 1926 John T. Killy	(Signed) , M. D.
Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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BUDIALLY S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

12. BtRTHPLACE (city or town)
(Stata or country)

15. MAIDEN NAME

14. BIRTHPLACE (city or town) _____ (State or country)

18. BURIAL, CREMATION, OR REMOVAL

FATHER

MOTHE

17. INFORMANT ... (Addrass)

19. UNDERTAKER

OCCI

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STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County VIns cloleto. Registration Dist. No. 35-2 Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U. S. if of foreign birth? ____ yrs.____ mos. Length of residence in city or town where death occurred (a) Residence: No. YU (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) marri 5a. If married, widowed, or divorced HUSBAND of 22. CERTIFY. That I attanded deceased from (or) WIFE of 6. DATE OF BtRTH (month, day, and year) Davs If LESS than 7. AGE Months to have occurred on the data stated abova, at 1 day, hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance 21 or min. were as follows: Date of onset 8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc PA work was dona, as SILK MILL, SAW MILL, BANK, atc.... occui 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this occupation ____

Other Contributory Causes of Importance:

Name of operation	Data of					
What test confirmed diagnosis?	Was	thare	an	autopsy?.		

(Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Natura of injury

24. Was disease or injury in any way related to occupation of decaased?

If so, specify
(Signed)
(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Gallstones	May 1,1923	Gastroenteritis	1 year
ADI	TIONAL SPACE FOR FURTI	HER STATEMENTS BY PHYSICIAN	
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	nD. Every	YSICIANS	statement
7	r RECo	Y. PH	Exact
AANGIN NESERVED FOR DINDING	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECOXD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-
FORE	IS A PI	stated 1	properly
3	HIS	be	pe
SELVE	NK-TI	pluods	it may
NEW YEAR	INGI	AGE	that
IDVE	UNFAD	upplied.	terms, s
	WITH	efully s	in plain
8	PLAINLY,	ould be car	OF DEATH
1	-WRITE	mation sh	CAUSE

N. B.-WRITE PLAINLY,

V. S. No. 1

TION is very important. See instructions on back of certificate.

STATE OF MADVI AND CEDTIFICATE OF DEATH

	L PLACE OF DEAT	TH C	INITALY I	LAND	CERTIFICATE OF BEATTI	147 -
	County Vorces				Registration Dist. No. 355	1.2.4
	Village or City			(16	No. St., death occurred in a hospital or institution, give its NAME instead of street and	Ward
	Length of residence in cit	y or town where d	leath occurred	yrsmos	ds. How long in U.S. if of foreign birth?yrsm	os ds.
:	2. FULL NAME	Stillb	orn Park	er		
_	(a) Residence: No.		(Usual place o		St., Ward. If nonresident give city or town and	State
	PERSONAL ANI				MEDICAL CERTIFICATE OF DEATH	
	Male /Co	olored	5. SINGLE, MARR OR DIVORCED	(write the word)	21. DATE OF DEATH April 28 (Month) (Day)	, 193 5 (Year)
ba.	If married, widowed, or divor HUSBAND of	rced			22. I HEREBY CERTIFY. That I attended	deceased from
	(or) WIFE of				toto	
6.	DATE OF BIRTH (month, day	, and year) A	pril 28.	1935	I last saw h, 19,	.; death is said
7.	AGE Years	Months	Oays	If LESS than	to have occurred on the date stated above, atm.	
				1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Oata of onset
OCCUPATION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		ne (years)	Born dead - No doctor in attendance		
12	this occupation (mon year)	Ne:	wark, Md erlin, R	tin this pation	Other Contributary Causes of importance:	-
FATHER	13. NAME	Uneste.	r Parker			
FAI	14. BIRTHPLACE (city or too (State or country)	wn) Ret	rlin. R.	#1. Md.	Name of operation Date of	
ER	15. MAIOEN NAME	Minnie		77 mm 9 212 Ct 0	What test confirmed diagnosis?	
MOTHER	16. BIRTHPLACE (city or tov (State or country)	wn)Bei	rlin, R.	#1, Nd	Accident, suicide, or homicide? Date of injury	, 19
17.		Whale			(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.	
18	18. BURIAL, CREMATION, OR REMOVAL Place Nr. Berlin Date 4/29/, 19.35				Manner of injury	
19	. UNDERTAKER	ather			24. Was disease or injury in any way related to occupation of deceased?	4
20	FILED 4/29 1	•35 Hel	en F. Ha	yward Registrar.	(Signed) Stellen F. Berlin	nd MIO.

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
	·	্র	
Other contributory causes of importances	(1 A.B. 19)	Other contributory causes of importance:	
Gallstones		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1 year
1 5	1 22 K		
	27.4	D'A C'	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



of OCCUPA.

Exact statement

properly classified.

be

certificate.

See instructions on back of

CAUSE OF DEATH in plain terms, so that it may

N. B.-WRITE PLA

TION is very important.

4

	IAIEO	F MAR	YLAND-	CERTIFICA	IE OF DEATH	0.1648
1. PLACE OF DEAT			WITHIN CO	-	(940)	350
Village or City_Po	comoke (19	death occurred in a hospital of	Registration Dist. No. Street ixtended of or institution, give its NAME instead of J.S. if of foreign birth? yrs.	treet and number)
				sas. How long in L	J.S. If of foreign birth?yrs	mos ds.
2. FULL NAME J (a) Residence: No.	OHH L.R	ayıleld	·	St., Ward.		
(a) headence. No		(Usual place	of abode)	St., Walt.	If nonresident give city or	town and State
PERSONAL AN	D STATISTIC	CAL PARTI	CULARS	MEDICA	AL CERTIFICATE OF DE	ATH
	or race		RIED, WIOOWED, D. (write the word) 1 C C	21. DATE OF DEA		h., 193.5
5e. If merried, widowed, or divor HUSBAND of (or) WIFE of RO	se Rayf	ield			EBY CERTIFY, That I	,
6. DATE OF BIRTH (month, day		tober 1		I last saw halive	on fred 5	, 19 3/_; deeth is seid
7. AGE Years	Months	Days	If LESS than 1 dey,hrs.		te stated above, atm.	
8. Trade, profession, or pa	6	**	ormin.	were as follows:	F DEATH and releted causes of Importa	Oate of onset
kind of work done, so SAWYER, BOOKKEE Industry or business in work was done, es S SAW MILL, BANK, e	which ILK MILL,	nrmer(Retired 20 Years	Arg.	Jectors	0 1928
this occupation (mon year)	th and	sper	ntin this			~~~~~
12. BIRTHPLACE (city or town) _ (State or country)		c Count		Other Coutributory Causes	of importance:	
13. NAME Frisbi	e W.Ray:	field			*********************	
H 13. NAME F'PISDI 14. BIRTHPLACE (city or tow (State or country)	VH/	nac Cou rginia.	nty,		osis?Was	
15. MAIOEN NAME	ry J.Gi	llesnie			rnal causes (VIOLENCE) fill In elso the	
15. MAIOEN NAME 38 16. BIRTHPLACE (city or tow (Stete or country)	vn)Accoma				ide? Date of injur	
17. INFORMANT LIES. RO (Address) JOGON	se Rayf	ield	and.		(Specify city or town, count urred in INDUSTRY, In HOME, or in PL	y and State) JBLIC PLACE.
18. BURIAL CREMATION, OR REPROCESSED	MOVAL			Manner of injury		
19. UNDERTAKER DUMO (Address) OCOMO	ke City	teve	uson	24. Wes disease or injury in	n eny way releted to occupation of dece	eased? The
20. FILED Ofral 16, 1	35 ph	- T. R.	ly	(Signed)	15 Jarlones	M. D.

Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	infor-	state	UPA-
)	of	nld	200
	tem	sho	of (
)	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECEND. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-
	T Rete.	Y. PH	Exact
MANAGEN RESERVED FOR BINDING	ERMANEN	EXACTL	classified.
FOR	IS A PE	stated F	properly
1	HIS	be	pe
DEL V	NK-T	should	it may
יין דיים	DING I	AGE	so that
ומושו	UNFAI	upplied.	terms,
	WITH	s fully s	n plain
	CY,	care	TH i
	PLAIN	onld be	F DEA
	-WRITE	mation sh	CAUSE

See instructions on back of certificate.

TION is very important.

N. B.-WRITE PLAIN

V. S. No. 1

STATE OF I	MARYLA	ND-CER	TIFICA	TE (OF I	DEATH
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						4-	
	S	TATE O	F MAR	YLAND-	CERTIFICATE OF DEATH	03649	
1	. PLACE OF DEA	ТН			S		
	CountyWard	ester			Registration Dist. No	. 354	
	Village or City	Stockto	on		No	St., Ward	
	Length of residence in ci	ty or town where de	ath occurred	yrsmos	No. I death occurred in a horpital or institution, give its NAME instead of the state of the sta	of street and number)	
2	. FULL NAME	Stillbon	rn Redd	en			
	(a) Residence: No			-,-,,-	St., Ward.		
-	PERSONAL AN	D STATISTIC	(Usual place		If nonresident give city MEDICAL CERTIFICATE OF D	The same of the sa	
3. 5				RIED, WIDOWED.	21. DATE OF DEATH	LATH	
	Male C	Colored	OR DIVORCE	(write the word)	April 26	, 1935	
a.	If married, widowed, or divo	rced			(Month) (Da	y) (Year)	
	HUSBAND of (or) WIFE of				22. I HEREBY CERTIFY, That		
5. I	DATE OF BIRTH (month, day	y, and year) A]	pr. 26,	1935	I last saw h alive on	, 19; death Is said	
7. 1	AGE Years	Months	Days	If LESS than I day,hrs. ormin.	to have occurred on the date stated above, at 1.2. A.m. The PRINCIPAL CAUSE OF DEATH and related causes of important processing the control of the control o	ortance	
	8. Trade, profession, or pa	fession, or particular		ormin.	were as follows:	Date of onset	
2	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.			STILLBORN			
5	9. Industry or business in work was done, as S	which					
3	SAW MILL, BANK, of 10. Date deceased last work	etc	11. Total ti	me (vesre)			
5	this occupation (mo-	nth and	spen	ntin this			
12.	BIRTHPLACE (city or town) (State or country)	Stockto	on, Md.		Other Contributory Causes of importance:		
5	13. NAME Tha	ammon Sar	vage				
					Name of ageration		
-	14. BIRTHPLACE (city or to (State or country)	Oak C:	ity, N.	C.	Name of operation		
2	15. MAIDEN NAME I	ola Mae I	Redden		23. If death was due to external causes (VIOLENCE) fill in also		
201	16. BIRTHPLACE (city or to	wn)	ckton,	173	Accident, suicide, or homicide? Date of in		
-	(State or country)	10000		miQ.	Where did injury occur? (Specify city or town, con	unty and State)	
17.	INFORMANT Lei (Address)	Stockton			Specify whether injury occurred in INDUSTRY, in HOME, or in	PUBLIC PLACE.	
8.	BURIAL, CREMATION, OR R			00 75	Manner of injury		
	Place Jan. H.	corman_C	evaleApr.	26, 19.35.	Nature of injury		
9.		ing Benne Stockton			24. Was disease or injury in any way related to occupation of d	eceased?	
20.	FILEDApr. 26,	19.35. Mai	cy M. T	aylor Registrar.	(Signed) Mary M. Taylor (Address) Stackter m	Loov (Negroba	

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Other contributory gauses of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
The state of the s				
DITIONAL SPACE E	OP FURTH	ER STATEMENTS BY PHYSICIAN		



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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURT	HER STATEMENTS BY PHYSICIAN
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V. S. No N. B.

N

STATE O	F MARYI	AND-CF	RTIFICA	TE OF	DEATH
SIAIL		AIYD CL			

1. PLACE OF DEATH	
County M orceoler Registration Dist. No.	30/
Village or City ear Show Fill No.	St., Ward
(If death occurred in a hospital or institution, give its NAME instead of Length of residence in city, or town where death occurred	
2. FULL NAME Staal William Shortley	
(a) Residence: No. St., Ward. (Usual place of abode) If nonresident give city or	town and State
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DE	
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH	
OR DIVORCED (write the word) (Month) (Day)	(Year)
5a. If married, widowed, or divorced	
(or) WIFE of The stocke E. July Sept 2 1 HEREBY CERTIFY, That I	
6. DATE OF BIRTH (month, day, and year) . Will 25 1127 I last saw his alive on april 3	., 19.35.; deeth is said
7. AGE Years Months Days If LESS than to have occurred on the date stated above, at	
1 day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of import were as follows:	Date of onset
S. Trade, profession, or particular kind of work done, es SPINNER, Trade, profession, or particular kind or parti	8/15/34
SAWYER, BOOKKEEPER, etc	5in
work was done, as SILK MILL,	
10. Date deceased last worked at	
year) Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town)	8/15/74
(State or country)	
13. NAME City or town) Name of operation	
14. BIRTHPLACE (city or town)	Dete of
(State of country) What test confirmed diagnosis? Was	there an autopsy?
15. MAIOEN NAME Mary Chayrille 23. If death was due to external causes (VIOLENCE) fill in also the	
16. BIRTHPLACE (city or town) The state of category and state of	19
Ma Zag ' A A I' I A (Specify city or town, coun	ity and State)
17. INFORMANT / A CALL DAY Specify whether injury occurred in INDUSTRY, in HOME, or in F	OBLIG PLACE.
18. BURIAL, CREMATION, OR REMOVAL	
Place Att from Common Date Calle , 19.3. Nature of injury	
19. UNDERTAKER Aleans 224. Was disease or injury in any way related to occupation of dec	ceased? Los
(Address) Angul & If so, specify	1
20. FILED 4/6 1934 REROY Sunth (Signed) Spencer O, me	M. D.
Registrat. (Address) Second Melle	

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

-WRITE

B.

state

should Jo

OCCUPA.

1.

2.

3. SEX

7. AGE

NO

OCCUPAT

FATHER

MOTHER

m

5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of

Years

0

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.___

Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

this occupation (month and

10. Date deceased tast worked at

12. BIRTHPLACE (city or town). (State or country)

> 14. BIRTHPLACE (city or town) (Stata or country)

> > (State or country

18. BURIAL, CREMATION, OR REMOVAL

16. BIRTHPLACE (city or town) . Tree?

13. NAME

17. INFORMANT

19. UNDERTAKER (Address)

15. MAIDEN NAME

(Address)

item of infor-

STATE OF MARYLAN	ID-CERTIFICA
PLACE OF DEATH	
County Worcestr	
Village or City near Rosmoke med	No
Length of residence in city or town where death occurredyrs	mos ds. How long in
FULL NAME Baly Thomas	
(a) Residence: No.	St., Ward
(a) Residence: No. (Usual place of abode)	St., Ward

Days

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

11. Totat time (years)
spant in this

Conetar Date aferie 15 1935

If LESS than I day,hrs

or __ O _ min.

PERSONAL AND STATISTICAL PARTICULARS

Months

5

4. COLOR OR RACE

6. DATE OF BIRTH (month, day, and year) [[leril]

TE OF DEATH

9		
	Registration Dist. No. 35	
No.	0.1	Ward
f death occurred in a horpital or institu	tution, give its NAME instead of street and n	number)
ds. How long in U.S. if	of foreign birth? yrs mo	os ds.
C4 Word		
St., Ward.	If nonresident give city or town and	State
MEDICAL C	CERTIFICATE OF DEATH	
21. DATE OF DEATH	000 18	
	Clor 12 -	, 193
	(Month) (Day)	(Year)
22. I HEREB	Y CERTIFY, That I attanded	deceased from
	., 19, to	
I last saw h alive on		
to have occurred on the date state	/ 10	, 200
The PRINCIPAL CAUSE OF DEA	ATH and related causes of importance	
were as tollows:	D	Data of onset
John a	eas q	
DO Hays	mawys,	
Q 0 15	D.D.	
perocura	C. Vierrelle,	
Other Contributory Causes of imp	ortance:	
Name of operation	Date of	
	Date of Was there an a	
	nuses (VIOLENCE) fill in also the following:	
	Date of injury	, 19
Where did injury occur?	(Specify city or town, county and State	
Specify whether injury occurred in	in INOUSTRY, in HOME, or in PUBLIC PLA	CE.
Manner of injury		
Nature of injury		
24. Was disease or Injury In any v	way related to occupation of deceased?	25
If so, specify	and the second s	W Las
(Signed)	Suil o	L 1500
(Address)	alothicol me	J M. 04
(Montess)	-ofto reco	

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL	SPAC	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

V.S. No N. B. CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA.

STATE OF	MARYLA	D-CERTIFIC	ATE OF	DEATH
----------	--------	------------	--------	-------

1. PLACE OF DEATH	Siza Siza
county I reester	Registration Dist. No. 3 4
Village or City S Naw Still well.	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long in U. S. if of foraign hirth? yrs mos ds.
(a) Residence: No. (Sydia)	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
female 1. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If marriad, widowed, or divorced HUSBAND of Or Deurge Waters	22. I HEREBY CERTIFY. Thet I attanded daceased from
6. DATE OF BIRTH (month, day, and year) was 30 1865	Hast saw h 12 elive on Afr. 22 1935; death is seid
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at 3 m.
69 10 22 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month end specific property).	Paralysis Gund 42015
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc	Crimary Course, and form of paralysis:
SAW MILL, BANK, etc	Cerebral hamorahage Seco
O 10. Data deceased last worked at this occupation (month end year)	J +-9.
	Other Contributory Canses of importance:
12. BIRTHPLACE (city or town) Vear 3 Year 3 Year (State or country)	Mikliouri
14. BIRTHPLACE (city or town) Nove Snaw Hill,	Neme of operation Dete of
(Stata or country)	What test confirmed diagnosis? Was there an eu'opsy?
15. MAIDEN NAME mary fungy	23. If daath wes due to external causes (VIOL ENCE) fill in elso the fottowing:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) rear 5 new /fell, (Stete or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Karring Waters (Addrass) Snaw Hell Med	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR BEMOVE M. Data Chil 25, 1936	Manner of Injury
19. UNDERTAKER Chaselfurnelf (Address) Swan fill mg	24. Was diseasa or injury in any way related to occupation of dacaesed?
20. FILED 4/23, 1935 - RECoy Swith.	(Signed) Sun fully M. D. (Address) Sun full med
If more blanks are needed address State Parison	N Chalasa Balina Barasa N

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Stated EXACTLY. PHYSICIANS successtated EXACTLY Exact statement of OCCUPA-WITH UNFADING INK-THIS IS A PERMANENT RECORD, Every item of infor-FOR BINDING MARGIN RESERVED

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

mation should be carefully supplied.

-WRITE PLAINLY,

AGE should be

	STATE	OF	MARYL	.AND-	-CERTIF	ICATE	OF	DEATH
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1. PLACE OF DEATH	9000
County worcester	Registration Dist. No. 355
Village or City Berlin	No. St., Ward
Length of residence in city or town where death occurredyrs.	No. St., Ward death of updd in a horpital or institution, give its NAME instead of street and number) St., Ward death of updd in a horpital or institution, give its NAME instead of street and number) St., Ward death of updd in a horpital or institution, give its NAME instead of street and number) St., Ward death of updd in a horpital or institution, give its NAME instead of street and number) St., Ward death of updd in a horpital or institution, give its NAME instead of street and number) St., Ward death of updd in a horpital or institution, give its NAME instead of street and number) St., Ward death of updd in a horpital or institution, give its NAME instead of street and number)
2. FULL NAME Omma Catherine	Chally.
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Temple White	21. DATE OF DEATH April / > 193 & (Month) (Day) (Year)
5a. If married, widowod, or divorced	(month) (Day) (Year)
HUSBAND of Thomas James I hal y	22. HEREBY CERTIFY. That I attended deceased from 4. 12. 1935. to afril 17. 1935.
6. DATE OF BIRTH (month, day, and year) Mass 10, 1861	I last saw h. eq. alive on 13' ,1933; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et. 5. A. m.
7.9 10 22 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Hauseure	Chronic belowlary Heart Shuren 1934
9.Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked et this occupation (month and year) occupation occupation	
12. BIRTHPLACE (city or town) (State or country) Manneste Caunty	Other Contributory Causes of importance: Some a contributory Causes of importance: Some and the contributory Causes of importance: Some and the contributory Causes of importance:
The state of the s	
14. BIRTYPLACE (city or town) Troncestin Country	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy? Qu
15. MAIDEN NAME Comma Calharine Divice	22 A DEATH was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME MM (alkayine Divice)	Accident, suicide, or homicide? Date of injury, 19
(State or country) Marcales Country	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT CADON CAME TO SECOND CALLED TO SECOND CALLE	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Staten Date 1900	Nature of injury
19. UNDERTAKER MAS MI SUSTABLE VILSON (Address) Sulming III	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 4-18 1935 Helen 9. Hayrut	rd (Signed) . a. Holland M.D. (Address) . La Lalin . Vnd.
The man black around all a Comp.	(Addiess)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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